Head Start Family Demographics Form SECTION 2: FAMILY MEMBERS

Complete this section for all family members not included in Section 1. List the Head of Household first. (Note: If the family member is eligible for services under another Head Start or other early childhood program run by your agency, complete Section 1 in lieu of this section.)

D. J.M.			
Person's Name: First Name	MI	Las	t Name
Mother/Mother figure	☐Father/Father fig	gure	none of the above
Person is a supporting adult in the child (ren)'s life:	□No	
Person is the Head of Household for	or this family:	□No	
Person resides in the same househol	d with the Head of Household:		
☐Yes, all of the time	☐Yes, some of the time	☐No, never	
Date of Birth:			Gender: M F
Address:Street/Apt.		City/State/Zip	
Telephone:	Area:	, 1	
(Mark all that apply) Living Mailing	☐Pickup		Other (specify):
Other Address: Street/Apt.		City/State/Zip	
Telephone;	Area		
(Mark all that apply) Living Mailing	Pickup	Drop off	Other (specify): Other
Work Phone:	Cell Pho	one:	
Ethnicity: Hispanic/Latino Ye (PLUS) RACE: (Select all that app Black or African American N	• •		Asian White
Language(s) Spoken: Primary:		Secondary:	
English speaking ability: Very well	☐Well	□Not Well	□Not at all
Person is currently pregnant:	□No	☐Not applicable	

Head Start Family Demographics Form SECTION 2: FAMILY MEMBERS

Person's Relationship to the Eligible Child (ren)		
Eligible Child's Name:		
Relationship to Child:		
Eligible Child's Name:		
Relationship to Child:		
Primary Occupational Status (mark one only):		
□ Paying job: □ Full-time (more than 34 hrs./wk) □ Part-time □ Seasonal – Nonagricultural □ Seasonal – Agricultural □ Employed and in school □ In School: □ Toward high school diploma/GED □ Toward trade/business qualification □ Toward college degree □ Toward postgraduate degree □ In school and employed □ Other	☐ In job training program: ☐ Training program with salary ☐ Training program w/o salary ☐ Unemployed: ☐ With past employment experience ☐ With no previous employment experience ☐ Other: ☐ Homemaker ☐ Retired ☐ Unable to work due to disability ☐ Not Applicable	
Highest Level of Education Completed:	Date Completed:	
Attended Vocational Training, Trade or Business School:	Yes No	
Received certificate or license:		
Participated in Government Training program:	Yes \Boxed No	
Training program(s) attended (mark all that apply): JOBSJTPAJob CorpsOther (spec	pecify):Other	
Interested in pursuing additional education/job training:	Yes No Not applicable	
Previously enrolled in Head Start or other childhood development If yes, specify which program(s) and date(s) of attendance: from to Parent and Child Center (PCC) Comprehensive Child Development Program (CCDP) Head Start Family Child Care Program Head Start Migrant Program Head Start Home-based/Home visit (3-5 yr. olds) Head Start Center-based (3-5 yr. olds) Other (specify): Other	ent program: Yes No Early Head Start from to	

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